

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-562,496

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		2				
4	2					
5	①					
6	⑥					
7	①					
8	①					
9	①					
10	①					
11	①					
12	①					
13	1					
14	1					
15	1					
16	1					
17	1					
18	5					
19	①					
20	①					
21	①					
22	①					
23	①					
24	①					
25	①					
26	①					
27	①					
28	①					
29			1			
30			1			
31			1			
32			1			
33			1			
34			1			
35			1			
36			1			
37			1			
38			1			
39			1			
40			1			
41			1			
42			1			
43			1			
44			1			
45			1			
46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	32	←		←		←
TOTAL CLAIMS	34					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51					1	
52					1	
53					1	
54					1	
55					1	
56					1	
57					1	
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96						
97						
98						
99						
100						
TOTAL IND.				↓		↓
TOTAL DEP.			←	←		←
TOTAL CLAIMS	2				29	